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**MULTIPLE INDEPENDENT CLAIM
 FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)**

SERIAL NO. **09 787748** FILING DATE
 APPLIC.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2		/		/		/	52					
3		/		/		/	53					
4		/		/		/	54					
5		/		/		/	55					
6		/		/		/	56					
7		/		/		/	57					
8		/		/		/	58					
9		/		/		/	59					
10		/		/		/	60					
11		/		/		/	61					
12	/		/		/	/	62					
13		/		/		/	63					
14		/		/		/	64					
15	/		/		/	/	65					
16		/		/		/	66					
17		/		/		/	67					
18		/		/		/	68					
19	/		/		/	/	69					
20		/		/		/	70					
21		/	/		/	/	71					
22		/		/		/	72					
23	/		/		/	/	73					
24		/		/		/	74					
25		/		/		/	75					
26		/		/		/	76					
27		/		/		/	77					
28		/	/		/	/	78					
29		/		/		/	79					
30		/		/		/	80					
31		/		/		/	81					
32		/	/		/	/	82					
33		/		/		/	83					
34		/		/		/	84					
35		/		/		/	85					
36		/		/		/	86					
37		/		/		/	87					
38		/		/		/	88					
39		/		/		/	89					
40		/		/		/	90					
41		/		/		/	91					
42		/		/		/	92					
43		/		/		/	93					
44		/		/		/	94					
45		/		/		/	95					
46		/		/		/	96					
47		/		/		/	97					
48		/		/		/	98					
49		/		/		/	99					
50		/		/		/	100					
TOTAL IND.	4		7		7		TOTAL IND.					
TOTAL DEP.	16		25		25		TOTAL DEP.					
TOTAL CLAIMS	20		32		32		TOTAL CLAIMS					

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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